

and commend my constituent from Poway, California: Tony Gwynn of the San Diego Padres, for his achievements on and off the field.

Mr. Speaker, on August 6, 1999, Tony Gwynn hit the 3,000th base hit of his career. As many baseball fans know, this was not an easy accomplishment. In the history of Major League Baseball, only 22 other ball-players have hit 3,000 or more base hits. This achievement places Tony Gwynn in the pantheon of baseball legends including: Roberto Clemente, Lou Brock, and Hank Aaron.

In 18 seasons, all with the San Diego Padres, Tony Gwynn has been the master of putting the ball into play. In the Padres' 1998 National League Championship season, Tony had almost as many home runs as strikeouts, and struck out looking only three times. His hands are lightning-quick and he's able to wait until the last millisecond before connecting with the ball wherever it is pitched. He goes after the first good pitch he sees and almost always hits it, so he rarely walks. And Tony is renowned for his ability to hit balls through the left side of the infield.

Tony has batted over .300 in 17 of those seasons and in the strike-shortened season of 1994, batted an amazing .394. His career batting average is an astounding .338.

Furthermore, off the baseball diamond, Tony has been a tremendous asset to the San Diego community. Tony, along with his wife Alicia, have given their time and effort in philanthropic efforts. He doesn't like to talk about his community efforts, but the Gwynn's are involved in more than two dozen organizations—San Diego Police Athletic Leagues, Sickle Cell Anemia Foundation, Padres Scholars, the Casa de Amparo, Neighborhood House, the Jackie Robinson Family YMCA to name a few—that benefit from his time, attention and money.

In 1998, Tony led all Padres players in community appearances and joined seven-time American League batting champion Rod Carew for a historic youth batting clinic in Culiacin, Mexico, in March 1998. In addition, Tony was named the Individual of the Year at the 1998 Equal Opportunity Awards Dinner. He also was the 1995 Branch Rickey Award winner, and 1998 Padres Nominee for Major League Baseball's Roberto Clemente Man of the Year Award.

These days kids, children often must pay to get a professional athletes' autograph, picture, or signed memorabilia. Tony Gwynn has no part of this. Tony stays late at events to sign autographs; he's nice to young people; he's nice to everybody. I hope my colleagues will join me in honoring this tremendous individual for his multitude of accomplishments.

Also, I want to thank my former staff members, Jeannette Shields and Chris Hayes for their work in drafting this resolution.

HELP FOR THE UNINSURED: THE LESSONS FROM NEW JERSEY: WHY H.R. 2185 SHOULD BE ENACTED

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 8, 1999

Mr. STARK. Mr. Speaker, the July/August 1999 issue of Health Affairs contained an interesting article entitled, "Hidden Assets: Health Insurance Reform in New Jersey," by Harvard professor, Katherine Swartz, and Brandeis professor, Deborah Garnick.

The information in the article strongly supports passage of H.R. 2185—a bill which gives people a refundable tax credit to buy individual health insurance through a community-rated, guaranteed-issue insurance pool.

The article describes how, because of the collapse of the major individual insurer in New Jersey in 1993, the State came up with an Individual Health Coverage Program (IHCP). The key reforms of the IHCP are described below. The article concludes with the observation that the reforms themselves have not done much to help reduce the number of uninsured, because the cost of insurance is still too high for the working poor who constitute the bulk of the uninsured. But, says the article, if the New Jersey reforms were accompanied by a refundable tax credit system, it could make a major difference.

What they are describing, Mr. Speaker, is H.R. 2185.

OVERVIEW OF THE REFORMS

The IHCP reforms forced changes in five areas. (1) To broaden the size of the potential market, insurers are sharply limited in their ability to choose whom they will insure. The regulations, require guaranteed issue and renewal of policies, portability of coverage across carriers, and limited to preexisting condition exclusions. (2) To encourage indemnity insurance companies and managed care organizations (hereafter collectively referred to as carriers) to enter the market, all carriers selling health insurance in New Jersey must either offer policies in the individual market or share in the losses of carriers that do sell policies and incur losses. (3) To give consumers more leverage in the market, carriers in the market may only sell up to six types of policies with standardized benefit packages, a standardization that facilitates comparisons by consumers.

(4) To extend access to higher-risk persons, the state required carriers to use pure community rating in setting premiums for the standardized policies; age-rating bands or variations in premiums based on where a person resides in the state are not permitted. In setting premiums, carriers also are required to meet a minimum loss ratio, so that at least 75 percent of premiums are used for provision of services. However, carriers do not have to seek approval from a state agency for any changes in premiums that they might want to implement, which we discuss in more detail below. (5) To implement the IHCP and monitor industry compliance with the regulations, the authorizing legislation called for oversight by a board, which runs the program independently of the New Jersey Department of Banking and Insurance. Four of the nine board members are representatives of carriers and elected by the companies.

New Jersey's reforms are remarkable, particularly today, when states are assumed to have little power to bargain with corporations. In recent years mutual fund firms, automobile factories, professional baseball teams, and many other corporations have extracted large government concessions by threatening to move elsewhere. Yet New Jersey imposed major regulations and risk sharing on health insurers, with major carriers taking a leadership role in the process.

Additional efforts are needed to increase coverage. Even a well-functioning individual health insurance market has limits on what it can accomplish. The IHCP did not dramatically raise the number of New Jersey residents with individual coverage. Surely one reason more people have not purchased policies is that the premiums are not affordable for those with low incomes. The various congressional proposals to provide tax deductions or credits might induce some people to purchase individual policies who otherwise would not, but for people with low incomes, other efforts will be needed. The federal Earned Income Tax Credit offers a model of how the federal government could issue a tax credit that provides money during the year for the purchase of insurance. Such an "earned insurance tax credit" also would help to bring in younger workers, who typically earn low salaries, and thereby increase the proportion of healthy persons in each carrier's individual plans.

Similarly, if the tax code were revised and incentives for employer-sponsored coverage were replaced by tax credits for individuals purchasing insurance, large numbers of people would enter the individual markets. The result would be a sharp increase in the proportion of healthy persons in the individual markets. Either of these tax-induced increases in the proportion of healthy persons with individual coverage would lower the expected expenditures per insured person. Competition among carriers in this expanded market then would increase, keeping premiums close to costs.

New Jersey's IHCP is a model for other states wishing to increase access to health insurance via market-oriented solutions that do not involve increased government financial obligations. States have assets they can trade upon to force competition in an expanded individual insurance market—a factor that should be of greater importance in states' strategies for increasing access to health insurance.

IN HONOR OF SAINT EDWARD HIGH SCHOOL

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 8, 1999

Mr. KUCINICH. Mr. Speaker, I rise to honor the faculty, staff, and students, past and present, of Saint Edward High School as they celebrate the fiftieth anniversary of the school's founding.

The story of Saint Edward High School is one of community. Three Brothers of the Holy Cross opened the new school in 1949 with a mission of providing outstanding Catholic education to the young men of Cleveland's West Side. The Brothers of the Holy Cross recognize community as an invaluable resource to the individual, one from which valuable lessons of self and God are drawn. The school